

and Human Services

National Institutes of Health
Office of Research Services

## REQUEST FOR DEPARTMENT OF STATE (DOS) EXTENSION OF J-1 EXCHANGE VISITOR

This cover sheet should be completed by the IC to request an exceptional 4<sup>th</sup>/5<sup>th</sup> year J-1 extension. It should be signed by the Scientific Director and Exchange Visitor. This cover sheet must be included with the extension request package sent to the Division of International Services (DIS). The package must be received by the DIS no less than ninety (90) days\* prior to the expiration date of the Exchange Visitor's current Form DS-2019.

Date:	
Name of Exchange Visitor:	
Expiration Date of Current DS-2019:	
Length of Stay Requested:	
Did the scientist transfer his/her J-1 program from another U.S. institut	tion to the NIH? Yes No
Is this a second request to DOS for extension? Yes No	
^^^^^^	
During the extension period, the Exchange Visitor will be	
Supervised by:	(Name of IC Sponsor)
Located at:	(Name of IC and Lab/Branch)
Funded by:	(e.g. name of IC, home country, etc.)
^^^^^^	
Scientific Director Recommendation:	
I have reviewed the extension request. The Exchange Visitor requires the above amount objectives. No guarantees or promises have been made regarding the filing or approval determines final approval.	
Signature/date of Scientific Director:	
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"I have not applied for a waiver of my two-year home-country residence	ce requirement."
Signature/date of Exchange Visitor	
My spouse is a J-2 dependent and needs to apply to USCIS for renewal Yes* No	l of his/her employment authorization.
Note to Exchange Visitor: Include copies (front and back) of <u>all Forms</u> payable to the " <i>Department of State</i> ."	DS-2019 (formerly IAP-66) and a check for \$198
*IC should submit request to the DIS 120 days in advance if J-2 emp	loyment authorization is necessary
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The Exchange Visitor meets the J-1 requirements for exceptional $4^{\text{th}}/5^{\text{th}}$ year J-1 extension	on. Recommend extension for month(s).
Extension request entered into the SEVIS database on and m	nailed to the DOS on
Signature/date of RO/ARO:	
U.S. Department of Health 9000 Rockville Pike	ph (301) 496 6166 DIS Rev. 11/200

Building 31, Room B2B07

Bethesda, Maryland 20892-2028

fx (301) 496 0847

www.nih.gov/od/ors/dirs/isb/isb.htm